Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040) (ORS 537,400)

Maintain Acquitements (OAAC 050-0040) (OAC 5574400)
Application G 16752 Township 4 M
Priority Date 11-13-2006 Range 28 6
Use(s) QUASI MUNIC - Section 11
Rate CFS GPM POD Loc. NE NW
County UMAI POULOC. NE NW
Applicant/Organization Name, Mailing Address and Telephone Number, application signed in ink. Source of water. If stored water, is the stored water component filed out, including a non-expired agreement for stored water must be included. (ORS 537.400)
Property ownership indicated
O If applicant does not own all the land, the affected landowner's name and mailing address must be listed.
O If applicant does not own all the land, a statement declaring the existence of either written authorization or an easement permitting access to land crossed by the proposed ditch canal or other work must be submitted.
Groundwater development section (Page 2, Section 3 and/or Page 3, Section 2) or a well log report.
Proposed use of water. If supplemental, list primary water right acreage if applicable.
Enclosed Supplemental Form for each proposed use.
Form I (Irrigation) O Form M (Municipal or Quasi-Municipal) RECUD
O Form R (Mining) O Form Q (Commercial or Industrial)
O Spring Description Sheet
Amount of water from each source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF)
Period of use

Log	Water management section (Please estimate	if the water system has not been designed).	
6	Resource Protection Section (Page 6, Section	n 5).	
co	Project schedule (If system is already completed, indicate "existing").		
	For reservoir applications storing more than 9.2 acre feet, and a dam height of more than 10 feet, preliminary plans and specifications for dam and impoundment are required.		
	O If the above is statement is checked, the	map must be prepared by a CWRE.	
	All applicants (or the authorized agent with ti corporation), must sign the application in ink	•	
ž L	You must include a Legal description of the p bounds, or other government survey descript title insurance policy can provide this inform prepared by a title company. The Departmen	ion. A copy of the deed, land sales contract or ation, or you may submit a lot book report	
	A completed Land-Use Form or receipt signe department officials. Date of signature must		
×.	The map must meet all the minimum requiren	ments of OAR 690-310-0050.	
	O Township, Range, Section	O Location of main canals, ditches, pipelines or flumes	
	O Place of use, 1/4, 1/4's and tax lot clearly identified	O Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.)	
	O Location of each diversion point well or dam by reference to a recognized public land survey corner	O North Directional Symbol	
MAP	Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture	O Other	
	Reference corner on map 1/0 CLC	AR REFORENCE TIE TO SECTION ITSELF.	
	O Each point of diversion coordinate	(1) 3621.	
OI	Fees: Amount of water requested	1456 CFS	
	Base Fee \$	Total Exam Fee \$ 500	
	1st CFS/AF	Total Paid \$ 500 & Returned	
	Addtn'l @ =	Amount Due \$ CostRected	
	Reviewed by HERB MOSGA	C Date	
	503-986-0804		